

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/147,813

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		1				
14		0				
15		1				
16		0				
17		0				
18			1			
19				1		
20				1		
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43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	1		1			
TOTAL DEP.	19		21			
TOTAL CLAIMS	20		22			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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TOTAL DEP.						
TOTAL CLAIMS						